PTO/SB/17 (10-08)
Approved for use through 05/30/2010. OMB 0551-0032
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Signature	Mu	1 leve		Registration No. -(Attorney/Agent)	32,181	Telephone	(703) 20	5-8000
SUBMITTED BY	An.	//.	_	Transition of				
Non-English Specification, S130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1253 Extension for response within third month								0.00 0.00
4. OTHER FEE(S) Fees Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =								
If the specificatio listings under sheets or fract	n and drawings e 37 CFR 1.52(e)), ion thereof. See	the application si 35 U.S.C. 41(a)(1	ze fee d)(G) and	ie is \$270 (\$135 : 37 CFR 1.16(s).	for small en	tity) for each a	dditional 50	
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
4 -4 or HP = x =								
HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)								
14 - 13 or HP x =				Fee (\$)			Fee Paid (\$	1
Total Claims Extra Claims Fee (\$)				e Paid (\$) Multiple Depende			ent Claims	
Each independent claim over 3 (including Reissues) Multiple dependent claims							220 390	110 195
Each claim over 20 (including Reissues)							52	26
Fee Description				1			Fee (\$)	Fee (\$)
2. EXCESS CLAIM		110	U	0	U	U		Small Entit
Reissue Provisional	330 220	165 110	540 0	270	650 0	325 0		
Plant	220	110	330	£1'	170	85		
Design	220	110	100	50	140	70		
Utility	330	165	540	270	220	110		
Application Type		Small Entity	Fee (Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
FEE CALCULATION								
fee(s) under 37 CFR 1.16 and 1.17								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of X Credit any overpayments								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
Check Credit Card Money Order None Other (please identify):								
METHOD OF PAYMENT (check all that apply)								
TOTAL AMOUNT OF PAYMENT (\$) 1,430.00			00	Attorney Docket	No. 1	1691-0209PUS1		
Applicant claims small entity status. See 37 CFR 1.27			7	741 01111		1794		
FOI FT 2009						J.D. Freeman		
For FY 2009				First Named Inventor Ju		lunji TAKENAKA		
FEE TRANSMITTAL				Filing Date S		September 19, 2005		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						0/549,696-Conf. #9538		
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